



Business License Date _____

APPLICATION FOR ITINERANT BUSINESS LICENSE

City of Hannibal, Mo.
Building Police Departments
Marion County Health Department

Name of Company: _____ Telephone: _____

Home Address: _____
(Street) (City) (State) (Zip)

Type of Business: _____

Name of Applicant: _____

Federal ID or SS# : _____ Date of Birth: _____

Signature of Applicant: _____ Date: _____

Location: _____ Telephone: _____
(Approval Attached)

Set Up Dates: (Beginning): _____ (Ending): _____

Name of Owner, (Only if leased or rented): _____

Building Department (Zoning)

Bldg Inspector: _____ Date: _____

Police Department (Background Check, If Necessary)

Chief of Police: _____ Date: _____

Marion County Health Department Information
221-1166

Premises Meets the Requirements of the Marion County Health Department.

By: _____ Date: _____

[Type text]